



03-26-10

EFW

PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2010 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 085742-0273		
Application Number	10/566,121 – CONF. # 3707	Filed January 25, 2006		
For TREATMENT OF DEPENDENCE WITHDRAWAL				
Art Unit	1618	Examiner Micah Paul YOUNG		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1,110	Small Entity Fee \$555	\$ \$1,110
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1,730	Small Entity Fee \$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2,350	Small Entity Fee \$1,175	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card.				
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit overpayment to Deposit Account No. <u>500417</u>				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input type="checkbox"/> attorney or agent of record. Registration Number _____				
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>52,392</u>				
			March 25, 2010 Date	
<u>Paul M. Zagar, M.D.</u> Typed or printed name			(212) 547-5400 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of _____ forms are submitted.			

Please recognize our Customer No. 20277 as our correspondence address.

03/29/2010 LNGUYEN1 00000001 500417 10566121
01 FC:1253 1110.00 DA